Under the Paperwork Reduction Act of 1995, no person are required to	U.S. Patent and Trader		01/31/2007. O PARTMENT O	F COMMERCI
Under the Paperwork Reduction Act of 1995, no person are required to	o respond to a collection of information unless it displays a valid OMB control number Complete if Known			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 09/837,171-0			20
FEE TRANSMITTAL	Filing Date	April 19, 2001		
			NAKAJIMA	
For FY 2006	Examiner Name	LIN YE		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2622			
	2004 2000			
TOTAL AMOUNT OF PAYMENT (\$) 1070.00	Attorney Docket No. 2091-0238P			
METHOD OF PAYMENT (check all that apply)	<u></u>			
x Check Credit Card Money Order Nor	one Other (please identify):			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP				
For the above-identified deposit account, the Director is	hereby authorized to: (che	ck all that apply)		
Charge fee(s) indicated below	Charge fee(s) in	dicated below, ex	cept for the	e filing fee
Charge any additional fee(s) or underpayments of X Credit any overpayments				
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
	ARCH FEES EXAMI	NATION FEES		
Small Entity Application Type For (\$) For (\$)	Small Entity	Small Entity	Easa Di	aid (E)
Application Type Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500	1 <u>Fee (\$)</u> <u>Fee (\$)</u> 250 200	<u>Fee (\$)</u> 100	Fees Pa	aiu (a)
Design 200 100 100	50 130	65		
Plant 200 100 300	150 160	80		
Reissue 300 150 500	250 600	300		
Provisional 200 100 0	0 0	0		
2. EXCESS CLAIM FEES	v v	Ü		mall Entity
Fee Description			Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)			50	25
Each independent claim over 3 (including Reissues)			200	100
Multiple dependent claims			360	180
Total Claims Extra Claims Fee (\$) Fee F	Paid (\$) <u>M</u>	fultiple Dependent Claims		
-=x=_	<u>F</u>	<u>ee (\$)</u> <u> </u>	ee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.				-
Indep. Claims Extra Claims Fee (\$) Fee F	Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.				
3. APPLICATION SIZE FEE				_
If the specification and drawings exceed 100 sheets of paper listings under 37 CFR 1.52(e)), the application size fee du sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and	e is \$250 (\$125 for small e			
	dditional 50 or fraction there	of Fee (\$)	Fee P	aid (\$)
- 100 = /50	(round up to a whole number)		=	
4. OTHER FEE(S)			Fees Paid (\$)	
First and second month extension already paid February 26, 2007.				
Enclosed in the amount of \$570 is for the third month extension only. Other (e.g., late filing surcharge): 1401 Notice of appeal			500.00	
1253 Extension for response within third month			570.00	
SUBMITTED BY				
Signature Cue	Registration No. (Attorney/Agent) 32,181	Telephone	(703) 205-8000	
Name (Print/Type) Marc S. Weiner	v mento progenty	Date	March 26, 2007	